

## Appendix C: The Division and its Programs

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The Nevada Aging and Disability Services Division (ADSD), housed in the Department of Health and Human Services (DHHS), represents Nevadans age 60 and older and those with disabilities. The mission of the Division is:

*To develop, coordinate and deliver a comprehensive support service system of essential services, which will allow Nevada's elders and those with disabilities to lead independent, meaningful and dignified lives.*

In 1971 the Nevada State Legislature established the Nevada Division for Aging Services, as the State Unit on Aging. Nevada is a single state planning unit and has no Area Agencies on Aging. Since its inception more than four decades ago, the Division has been the primary advocate for Nevada's elders by developing, implementing and coordinating programs for seniors throughout the state. During the 2009 Legislative Session, Senate Bill 434 combined the DHHS's Office of Disability Services with the Division for Aging Services. The newly formed Nevada Aging and Disability Services Division (ADSD) provides enhanced coordination opportunities to seamlessly serve Nevada's seniors and persons with disabilities.

### Boards and Commissions

The Division has a number of boards and commissions, which work in an advisory capacity to the Division. They include the following.

#### The Nevada Commission on Aging

Established in 1983, the Nevada Commission on Aging (COA) serves as an advisory body for the Division relevant to Nevada's elders. Its mission is:

*To facilitate and enhance the quality of life and services for all Nevada seniors, through partnership with the Aging and Disability Services Division and other entities.*

The Commission is comprised of 11 voting members appointed by the Governor, and four non-voting members, for a total of 15 members. Four voting members are selected from governing bodies of city or county governments. At least six members must be age 55 or older and have an interest in or knowledge of problems and concerns of older individuals. The four non-voting members include: the Director of the Nevada Department of Health and Human Services (Chairperson); the Administrator of ADSD; a member of the Nevada State Assembly; and a member of the Nevada State Senate.

The duties of the Commission on Aging, defined in NRS 427A.038, are to:

- Determine and evaluate the needs of the older people of Nevada.

- Seek ways to avoid unnecessary duplication of services for older persons by public and private organizations in Nevada.
- Establish priorities for the work of the Division according to the most pressing needs of older persons, as determined by the Commission.
- Promote programs that provide community-based services necessary to enable frail elderly persons, to the fullest extent possible, to remain in their homes, to continue as integral members of their family and community.
- Establish priorities for programs funded under the Older Americans Act.
- Review and approve the state plan for providing services to meet the needs of older persons. Gather and disseminate information in the field of aging. Conduct hearings, conferences and special studies on the problems of older persons and on programs which serve them.
- Evaluate existing programs for older persons, recommend needed changes in those programs and propose new programs, which would more effectively and economically serve the needs of older persons.
- Evaluate any proposed legislation which would affect older persons.
- Recommend to the Legislature any appropriate legislation.
- Coordinate and assist the efforts of public and private organizations which serve the needs of older persons, especially in the areas of education, employment, health, housing, welfare and recreation.

The following are the 2011 members of the Commission on Aging.

Michael Willden, Director, DHHS  
 Mary Liveratti, Administrator, ADSD  
 Mark A. Manendo, State Senator  
 Joseph M. Hogan, State Assemblyman  
 Andy Hafen, Henderson Mayor  
 Bonnie Weber, Washoe Co. Commissioner  
 Joni Eastley, Nye Co. Commissioner  
 Dee Horn

John Thurman  
 Maria Dent  
 Edrie LaVoie  
 R. Craig Warner  
 Rosemary Womack  
 Robert Martinez  
 Vacancy

Additional information about the COA can be found at: <http://nvaging.net/boards-commissions/coa/home.htm>

## **The Nevada Commission on Services for Persons with Disabilities**

Consisting of 11 members and two nonvoting members for a total of 13 members, the Nevada Commission on Services for Persons with Disabilities was created in 2009 within ADSD by Nevada statute, NRS 427A.121.

The Commission's mission is:

*To facilitate and enhance the quality of life and services for children and adults with disabilities in Nevada.*

Members are appointed by the DHHS Director, and have experience with or knowledge of services for people with disabilities. The majority of the voting members of the Commission must be persons with disabilities, or the parents or family members of persons with disabilities. The Administrator of ADSD serves as a nonvoting, ex officio member of the Commission.

The duties of the Commission are to:

- Determine and evaluate the needs of persons with disabilities in Nevada.
- Seek ways to avoid unnecessary duplication of services for persons with disabilities among public and private organizations.
- Establish priorities for the work of ADSD, according to the most pressing needs of persons with disabilities as determined by the Commission.
- Promote programs that provide community-based services necessary to enable a person with a disability, to the fullest extent possible, remain in his or her home and be an integral part of his or her family and community.

The Commission may also:

- Review and make recommendations regarding plans for services for persons with disabilities.
- Gather and disseminate information relating to persons with disabilities.
- Conduct hearings, conferences and special studies on the problems of persons with disabilities and on programs that serve persons with disabilities.
- Evaluate existing programs for persons with disabilities, recommend changes in those programs and propose new programs that would more effectively and economically serve the needs of persons with disabilities.
- Evaluate any proposed legislation that would affect persons with disabilities.
- Carry out the provisions of the Strategic Plan for Persons with Disabilities developed by the Department.
- Recommend to the Legislature any appropriate legislation concerning persons with disabilities.
- Coordinate and assist the efforts of public and private organizations that serve the needs of persons with disabilities, especially in the areas of education, employment, health, housing, welfare and recreation.

## **The Nevada Aging and Disability Resource Center Advisory Board**

The Nevada Aging and Disability Resource Center (ADRC) Advisory Board is a nine-member board, established in 2009 to give advice on design and operations of the Nevada Aging and Disability Resource Center (ADRC) program. Members assist the Division in carrying out the Nevada ADRC mission, which is:

*To maintain or enhance the quality of life for our consumers and communities in a respectful, efficient and fiscally responsible way.*

Board members are appointed by the ADRC Project Manager and the ADSD Deputy Administrator. The Board's composition represents populations served by the program, those who may contribute services through the program, and representatives from governmental and non-governmental agencies affected by ADRC. Their common interest is persons of all ages, incomes and disabilities to help ensure access to information on the full range of long-term support options and a single point of entry to public long-term support programs and benefits.

Through regular meetings, the Advisory Board works to strengthen community support and program visibility, and recommends how to obtain meaningful stakeholder input, monitor progress, identify implementation concerns and suggest improvements.

The duties of the ADRC Advisory Board are to:

- Advise the Division to complete service design and review operations of the ADRC project.
- Work positively to influence strong community support for the ADRC model and actively encourage inter-organizational collaboration.
- Advise the Division on how to obtain meaningful stakeholder input, review that input, and make recommendations based on this information.
- Monitor the Division's progress toward achieving the vision and goals of the ADRC project.
- Support and advocate as appropriate for the ADRC program.
- Meet on a quarterly basis to provide guidance on specific program or operational issues.
- Participate with meaningful input on topics discussed to advance the project.

The following are the current (2011) members of the ADRC Advisory Board:

Mary Brock  
Donna Kollman  
Debbie Dauenhauer

Jackie Kassower  
Barbara Tobin  
Theresa Elliott

Veronica Wilson  
Betty Munley  
Ida Davis

More information about the ADRC Advisory Board can be found at:

<http://www.nvaging.net/adrc/minutes.htm>.

## **The Chronic Disease Self Management Program Grant Advisory Council**

In spring 2010, the Administration on Aging awarded the Nevada Aging and Disability Services Division with a two-year grant to implement a Chronic Disease Self Management Program (CDSMP) statewide.

The Division Administrator appointed a 14-member CDSMP Advisory Council to ensure grant activities progress effectively to meet the grant outcomes. The council's mission is:

*To support CDSMP grant partners in their development of a training infrastructure to provide 300 Nevadans with CDSMP workshop training*

*by March 30, 2012, and advise on strategies to embed CDSMP in Nevada.*

This Advisory Council's grant activities conclude on March 30, 2012, when grant objectives are met. Members of the CDSMP Advisory Council include:

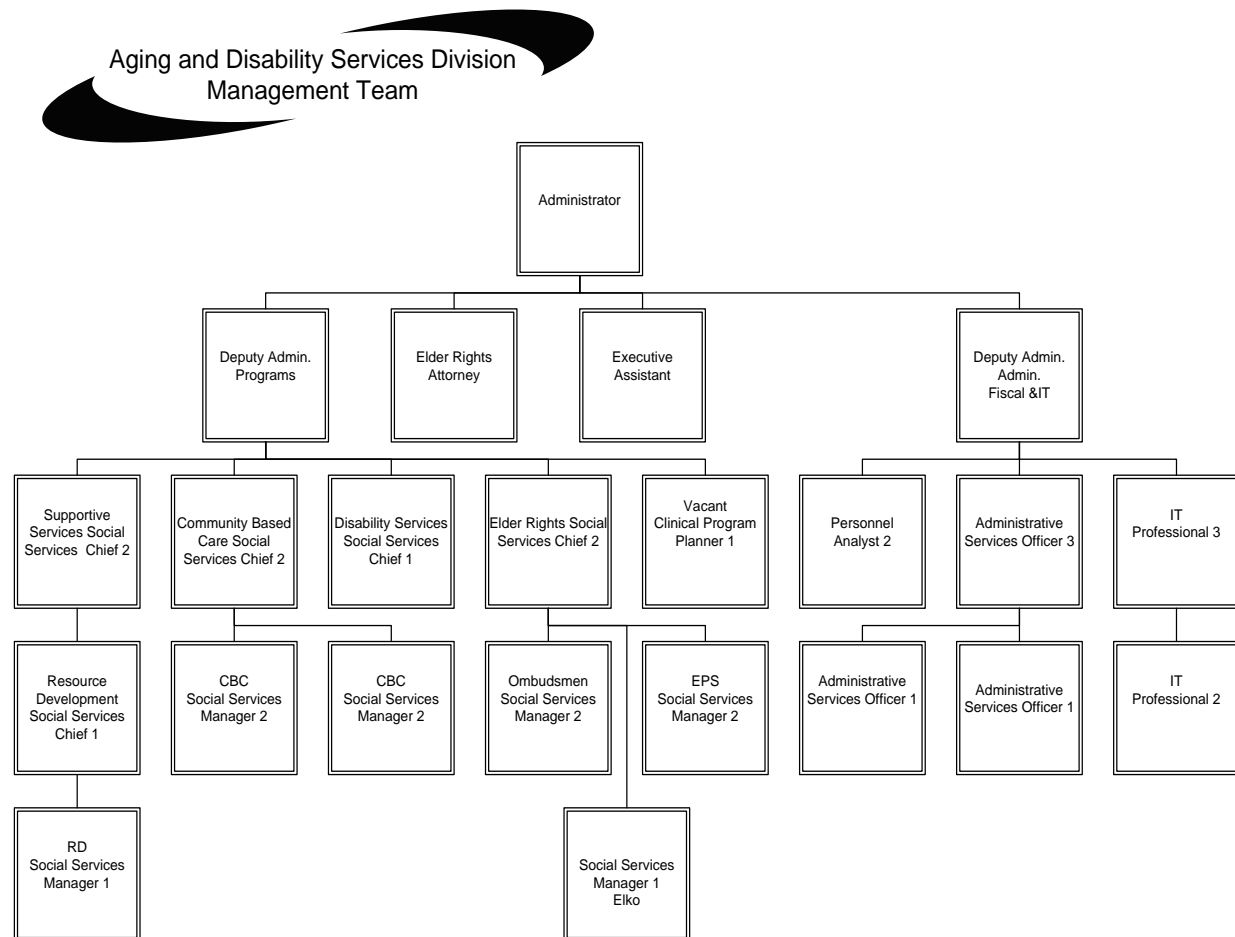
Marilyn Wills, Chair  
Grady Tarbutton, Vice Chair  
Anita Gant, Secretary  
Steven D. Evans, MD  
Upinder Singh, MD

Jeffrey Klein  
Mary Guinan, MD  
Elizabeth Aiello  
Susan Harris, PhD  
Sherri Rice

Janet Serial-Onosigho  
Mylan Hawkins  
Don Farrimond, MD  
Rosanna Silva-Minnich

## The Division's Seven Units of Operation

The Division operates within seven units, including Resource Development, Community Based Care, Elder Rights, Supportive Services, Disability Services, Information Technology and Fiscal. The graphic below depicts the Division's management team.



## **1. The Resource Development Unit**

The Resource Development (RD) Unit operates with four sections that often overlap in their activities to accomplish objectives. They include: Grants Management; Community Advocates for Elders; Senior Ride, and Special Projects.

### **Grants Management**

The RD Unit is responsible for managing the granting and monitoring processes of up to \$17.6 million in funding received annually by Nevada, including most of the Older Americans Act funding from the Administration on Aging grant funds. This is largely accomplished by a team of five Resource Development Specialists, and their Social Services Program Manager.

The Division typically administers about 250 grants statewide through the Resource Development Unit, to 90 or more service providers, on a two-year competitive cycle. Each Resource Development Specialist oversees about 50 grants, which requires proficiency in complex grant requirements, varying greatly by funding resource and in services provided.

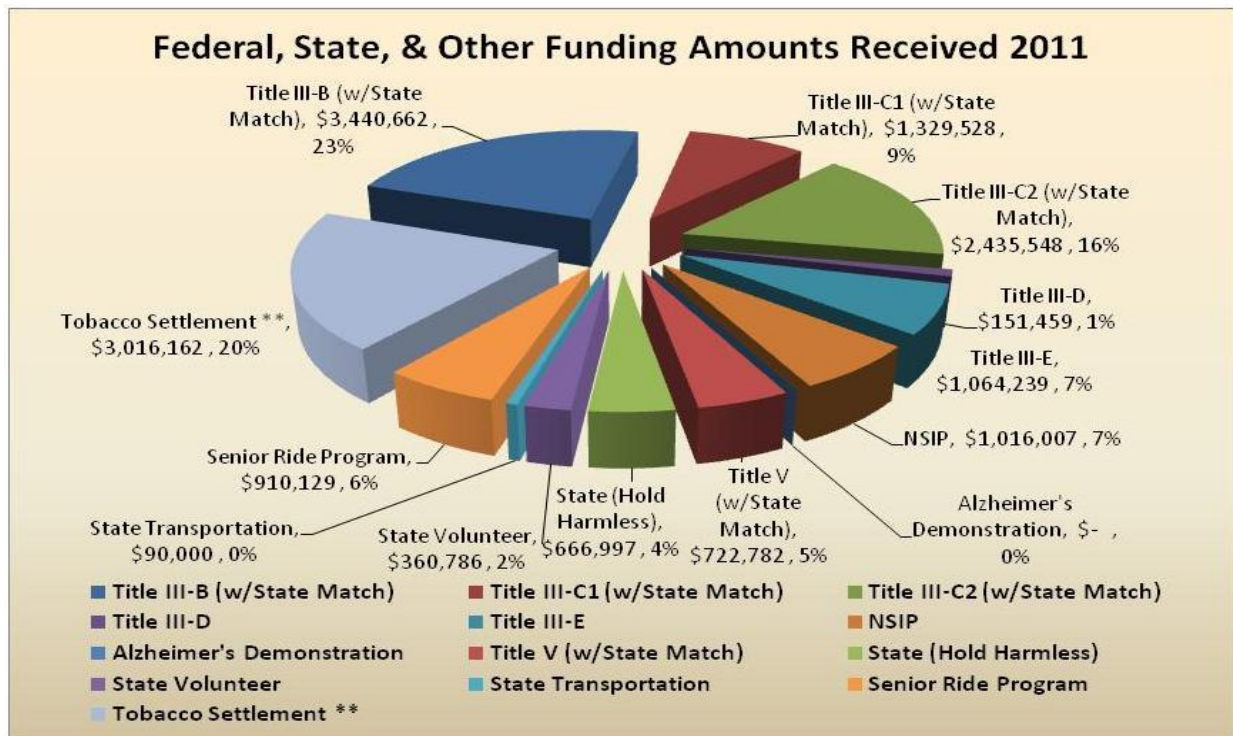
Funds passing through the Resource Development Unit come from the following resources.

- Administration on Aging (AoA).
  - Older Americans Act (OAA) Titles III-B, III-C1, III-C2, III-D and III-E.
  - OAA Title IV for Discretionary Grants, such as the Alzheimer's Disease Supportive Services Program (ADSSP) Grant and the Chronic Disease Self Management Program (CDSMP) Grant. The Division's OAA Title IV Lifespan Respite Grant is overseen by the ADSD Disability Services Unit.
- Centers for Medicare and Medicaid Services (CMS) funding for Medicare Improvements for Patients and Providers Act (MIPPA), State Health Insurance Assistance Program (SHIP), and Senior Medicare Patrol (SMP).
- The Fund for a Healthy Nevada, from Nevada's 1998 Master Tobacco Settlement funds, which supports Independent Living Grants (ILG) for Nevada elders. ILG services mirror the supportive services provided with OAA Title III-B funds.
- Department of Labor, Title V, for the Senior Community Service Employment Program.
- Nevada State General Fund, which supports State Transportation, State Volunteer programming and the Hold Harmless fund to ensure adequate funding for Rural Nevada services.
- Clark County Taxicab Authority's Subsidized Taxi Program, which supports the Senior Ride Program in Clark County.



The Older Americans Act Title III-B, Title III-C and Independent Living Grant funding received from Nevada's portion of the 1998 Master Tobacco Settlement Agreement (TSA) are the major sources of grant funds for services. The 2011 drop in funding is largely due to use of the TSA funds to fill gaps in Nevada's budget, due to the state's economic recession and lost revenues.

The following graphic depicts all funding managed by the Grants Management Team and the relative portion of each fund resource to the larger picture.



## Grant Award Process

RD Specialists (RDSs) continually work to refine the unit's grant application process to disperse available funds. They and their manager are integrally involved with developing grant application processes and forms. RDSs conduct orientation meetings for grant applications to explain services that can be funded and how to develop applications for funding. They also conduct the initial review of grant applications ADSD receives and make funding recommendations to management staff. An ongoing task is the review and revision of Service Specifications, to help ensure the quality of service delivery by grantees. RDSs attend community meetings and conferences to keep abreast of senior activities and needs, and they assist with program development and enhancement as community needs are identified. It is the responsibility of the RD Unit and its Specialists to ensure all funded programs promote independent living among Nevada elders.

The standard grant application follows the Logic Model, newly introduced in 2007. The Logic Model is based on a logical sequence of IF . . . THEN assumptions. For example, grantees require certain resources to operate their programs. If they have them, they can accomplish planned activities. If planned activities are accomplished, then a certain amount of product or service can be delivered and program recipients will benefit in certain ways. If these benefits are achieved, then changes in organizations, communities or systems may occur. The basic program components for the Logic Model include Resources/Inputs, Outputs, Activities, Outcomes and Impacts. Grantees develop their grant applications for ADSD funding, in accordance with this structure.

## Grants are Fixed Fee or Categorical

Grants are awarded as either fixed-fee or categorical. Programs awarded fixed-fee grants earn their grant funds by providing units of service. Current reimbursement rates for fixed-fee grants are as follows:

- |                     |         |                                 |
|---------------------|---------|---------------------------------|
| • Congregate Meals  | \$2.20  | Per meal                        |
| • Meals-on-Wheels   | \$2.65  | Per meal                        |
| • Transportation    | \$2.50  | Per one-way ride                |
| • Adult Day Care    | \$40.00 | Per five-hour day or            |
|                     | \$6.67  | Per hour, for six hours or less |
| • Homemaker Service | \$15.00 | Per hour                        |

Categorical Grant programs are not funded on a cost per unit basis. Instead, a detailed line item budget is required. Grant funds are earned when the grantee incurs expenses within the approved grant budget categories and amounts. The level of funding is tied to the grantee's performance based on the level of service provided by the grantee the year prior to a new grant cycle. See also: [http://nvaging.net/grants/fixed\\_fee\\_rates.htm](http://nvaging.net/grants/fixed_fee_rates.htm)



## **Grants Monitoring**

Once funds are granted, RDSs have primary responsibility for programmatic grant monitoring. They conduct periodic Program Assessments and provide technical assistance as needs are identified. Emphasis is placed on performance indicators set forth in the grant application and established with each grantee at the beginning of the grant cycle. Grantee performance indicators are further addressed at: [http://nvaging.net/grants/performance\\_indicators.htm](http://nvaging.net/grants/performance_indicators.htm)

The assessment process includes a review of program compliance with the service specifications, an analysis of service levels, and a determination of whether the program is successfully addressing a critical need in the community. Typically, program assessments are conducted biennially, but more frequently if a program is new or having difficulty with meeting performance standards. Each program is assigned a risk category based on its performance. Medium or High Risk programs receive more visits and attention.

For a complete listing of all grant services the Division funds and their service specifications, see: [http://nvaging.net/grants/serv\\_specs/service\\_specifications.htm](http://nvaging.net/grants/serv_specs/service_specifications.htm). ADSD Grantees must adhere to these specifications in providing funded services.

## **Reporting Requirements**

In addition to undergoing program assessments, grantees are required to report performance output and outcome measures, see: <http://nvaging.net/grants/reporting.htm>. With the implementation of computerized reporting through the Division's software system in 2007, Social Assistance Management System (SAMS), grantees provide monthly reports, which are reviewed by the RDSs, to track program progress. SAMS has greatly enhanced oversight and the provision of timely technical assistance. Grantees are considered the Division's community partners, and the RD Unit's goal is to provide whatever assistance is necessary to help them be successful.

Likewise, RD Unit staff uses SAMS to meet its own reporting requirements. The Administration on Aging requires states to report funding outcomes through the National Aging Program Information System (NAPIS) for OAA Title III funds. In January of each year, states submit a consolidated State Progress Report to the Administration on Aging for the previous year's data.

Additionally, as a condition of receiving Nevada tobacco settlement funds for Independent Living Grants (ILG), the RD Unit is required to produce and disperse an annual report of demographic data and output measures generated from the utilization of these funds.

SAMS also enables the RD Unit to track data that addresses the unit's Performance Indicators to ensure priority populations are actually receiving services. Program data is compared with data from US Census reports and the Nevada Demographer's Office.

## **Grant Programs**

The Division has a number of grant services, and a complete listing of funded services can be found in Appendix E.

## **Social Supportive Services Program**

Supportive Services grants are funded by OAA Title III-B and Independent Living Grant funds from the Master Tobacco Settlement Agreement. Together these resources support grants to promote self-sufficiency for individuals aged 60 and older, by providing services such as, transportation; case management; respite; information and referrals; adult day care; legal services; homemaker; companion; food pantry; home safety, modification and repair; and representative payee. Title III-B, along with Title III-C Nutrition Services funding is also subsidized by \$666,997 in Hold Harmless state funding, to ensure adequate services in Rural Nevada.

Independent Living Grants were first awarded in October 2000 and this funding is anticipated to continue through 2025. The Division previously received 15 percent of each year's allocation to Nevada. However, in 2011, the Nevada Legislature enacted SB 421, which tasks the Nevada Department of Health and Human Services Director to apportion the funding and develop budgets each biennium based on recommendations regarding community needs received from the Grants Management Advisory Committee, the Nevada Commission on Aging and the Nevada Commission on Services for Persons with Disabilities. These recommendations will take effect in SFY 2014, which begins on July 1, 2013.

## **Nutrition Services Program**

Nutrition services are separated into two distinct components. Funds under OAA Title III-C1 are allocated to provide meals to seniors in *congregate* settings, usually at senior centers. Title III-C2 funds are used to furnish meals to *homebound* seniors who are too ill or frail to attend a congregate meal site.

Nutrition programs typically earn their funds based on the number of meals served each month. Meals are reimbursed at fixed rates that have been established by the Division for both congregate and homebound meals. Some small nutrition programs have categorical grants, because a fixed fee reimbursement would not be enough to support the program adequately. The grant amount serves as the maximum amount of funds that can be earned by a program during the grant year. All programs maintain records that document the number of meals and the number of unduplicated seniors served each month. Programs must find other funding for meals provided over and above the number of meals funded by the Division.

Nevada nutrition programs receive additional funding from the AoA Nutrition Services Incentive Program – NSIP, which is distributed to states based on their proportionate share of the annual federal appropriation and also considering the number of meals served in the prior year. To participate in NSIP, programs must receive nutrition funding from ADSD and sign an agreement regarding acceptance of cash and/or commodities. Once Nevada receives its share, the Division apportions NSIP to programs based on the proportion of statewide meals a program served in the previous year, either in commodities and/or cash, depending on what the program has previously requested in the signed agreement. See also: [http://nvaging.net/grants/usda\\_q\\_&\\_a.htm](http://nvaging.net/grants/usda_q_&_a.htm).

All nutrition programs funded with Title III-C monies must meet specific criteria established through federal and state regulations. Program Service Specifications cover the major operational areas of nutrition service—food safety, home delivered meal procedures and menu

planning. They are located at: [http://nvaging.net/grants/serv\\_specs/nutrition.htm](http://nvaging.net/grants/serv_specs/nutrition.htm). A nutrition screening tool <http://nvaging.net/grants/IIC/forms.htm> is used by Division funded nutrition programs to evaluate the nutritional status of all meal program participants, as well as to determine client need for home delivered meals.

All nutrition services directors (typically the senior center directors) and head cooks are required to complete the national ServSafe or equivalent training within three months of employment. Kitchen staff and volunteers must complete a four-hour food safety course within three months of employment. Training money for food safety training needs is allocated to each program, as appropriate. See also: [http://nvaging.net/grants/IIC/food\\_safety\\_training.htm](http://nvaging.net/grants/IIC/food_safety_training.htm).

Interactive nutrition-based web pages have been incorporated onto the ADSD website, located at <http://nvaging.net/logon.asp>, to facilitate preparation of safe, healthy food for seniors. Nutrition grantees and Native American tribal staff are able to access this portion of the website to:

- Ask questions of the Division's Registered Dietitian.
- Obtain Dietary Reference Intakes (DRI)-compliant recipes and menus.
- Inquire about and take food-safety quizzes.
- Obtain materials to conduct self-assessments of program compliance with food safety standards.
- Read about current nutrition topics and food safety reminders from Division staff.
- Download nutrition education flyers for their participants.
- Access sample forms and links to other local and national food safety and nutrition-based websites.

The incorporation of this section of the website has enabled the Division to provide much needed training and support to nutrition programs across the state, which in turn has increased quality and program compliance with Division standards and OAA regulations.

### **Disease Prevention and Health Promotion Program**

The AoA requires that OAA III-D funding be used to support evidenced based services, which have been proven effective through scientific testing and evaluation. The Division funds Medication Management services and also a Chronic Disease Self Management Program (CDSMP) coordinator, to work with partners in sustaining and promoting the CDSMP program in Nevada.

### **National Family Caregiver Support Program**

The Division grants funds under OAA Title III-E, the National Family Caregiver Support Program (NFCSP), to support two major service areas, respite services and the Division's single point of entry project. Respite Services are funded for caregivers through a number of agencies. These agencies provide much needed "respite" to caregivers, enabling them with the opportunity for time away from their 24/7 role of caregiving. Additionally, these funds have supported Nevada's Single Point of Entry project, which became known as the Nevada Care Connection (NVCC). This project was designed to streamline service information access to help Nevada

elders and their caregivers. NVCC has now evolved into Nevada's Aging and Disability Resource Center (ADRC). See page 30 for expanded information on Nevada ADRC.

### **Senior Community Service Employment Program (SCSEP)**

This program is funded by the US Department of Labor – Title V. The RD Unit grants its SCSEP funds to Catholic Charities of Southern Nevada (CCSN), a non-profit agency operating in Las Vegas. In 2012, the Division will grant this funding through a competitive process for the first time.

SCSEP provides part-time, subsidized employment and training for individuals age 55 and older, whose income is at or below 125 percent of the Federal Poverty Level (FPL), established by the U.S. Department of Health and Human Services. The target group is individuals with: the greatest economic need, the greatest social need, veterans and minorities.

A total of 58 modified participant slots is allocated to the Division, and slots are distributed according to the equitable distribution system established by the Department of Labor, and managed by Catholic Charities of Southern Nevada. The other SCSEP program is AARP – a national contractor, which provides additional participant slots in the following counties: Clark County, Washoe, White Pine, Humboldt, Elko, Esmeralda, Lincoln, Lyon, Pershing, Churchill, Carson City, Storey, Douglas, Mineral and Nye.

In Southern Nevada, 43 of the participants are placed with employers in nonprofit sector positions that provide training and work experience for participants, and useful community services for the training agency. The employment experience obtained by participants prepares them for unsubsidized employment by expanding their marketable skills.

The primary objective of Nevada's program is placement of participants in positions within community service programs, where they may develop the job skills needed to obtain employment with a community service program or with a private employer. A secondary objective is to provide personal and motivational skills training to enhance the self-esteem of participants.

The SCSEP program provides significant benefits. Primary benefits to participants are realized specifically through meaningful employment, training and wages to supplement fixed incomes. Other benefits include an opportunity for older workers to realize and demonstrate their worth and capabilities in competitive employment positions. Employers and the community greatly benefit through the utilization of local seniors in the workforce. For example, employers find their experience with the SCSEP program enriches their workplace. A significant value of hiring enrollees is the elimination of stigmas and myths associated with aging. This program is typically a “win-win” for everyone involved.

### **State Funded Volunteer Program**

The State Volunteer Program is supported by State General Fund, to support State Volunteer Grants for senior volunteer programs that also receive federal funding from the Corporation for National and Community Service. The five Corporation for National and Community Service

programs include: two Senior Companion Programs and three Retired and Senior Volunteer Programs (RSVP).

Senior Companions provide supportive in-home services and companionship for seniors. They help reduce the isolation experienced by elders who are homebound, live alone and have no family nearby. The supportive services include grocery shopping, meal preparation, assistance with light chores, transportation, bill paying and socialization activities. This program also provides respite for caregivers. Senior Companions receive stipends for travel and other expenses associated with their service. As Nevada's elder population grows, so does the need for Senior Companions.

Retired and Senior Volunteers are assigned to provide various types of supportive services to low-income, frail and homebound seniors. State funds allow these programs to enhance their services through the provision of an approved service plan.

The following activities may be part of the approved service plan: oversight of personal care activities; assistance with planning and preparation of meals and grocery shopping; providing client contact with family and others; and home management, which could include writing letters, and assisting with correspondence, perform light chores and shopping or doing errands. Services for homebound elders may also include oversight of personal care activities, visitation, transportation and accompaniment to appointments, prescription pick-up and other chores. Senior Outreach Volunteers also provide respite care that may include supervision of homebound clients to relieve primary caregivers, and provide companionship to frail elders in their homes.

Seniors are given a sense of security and well being by knowing someone cares. Volunteers and clients are recruited through senior centers, retirement communities, senior housing, newspaper articles and community outreach.

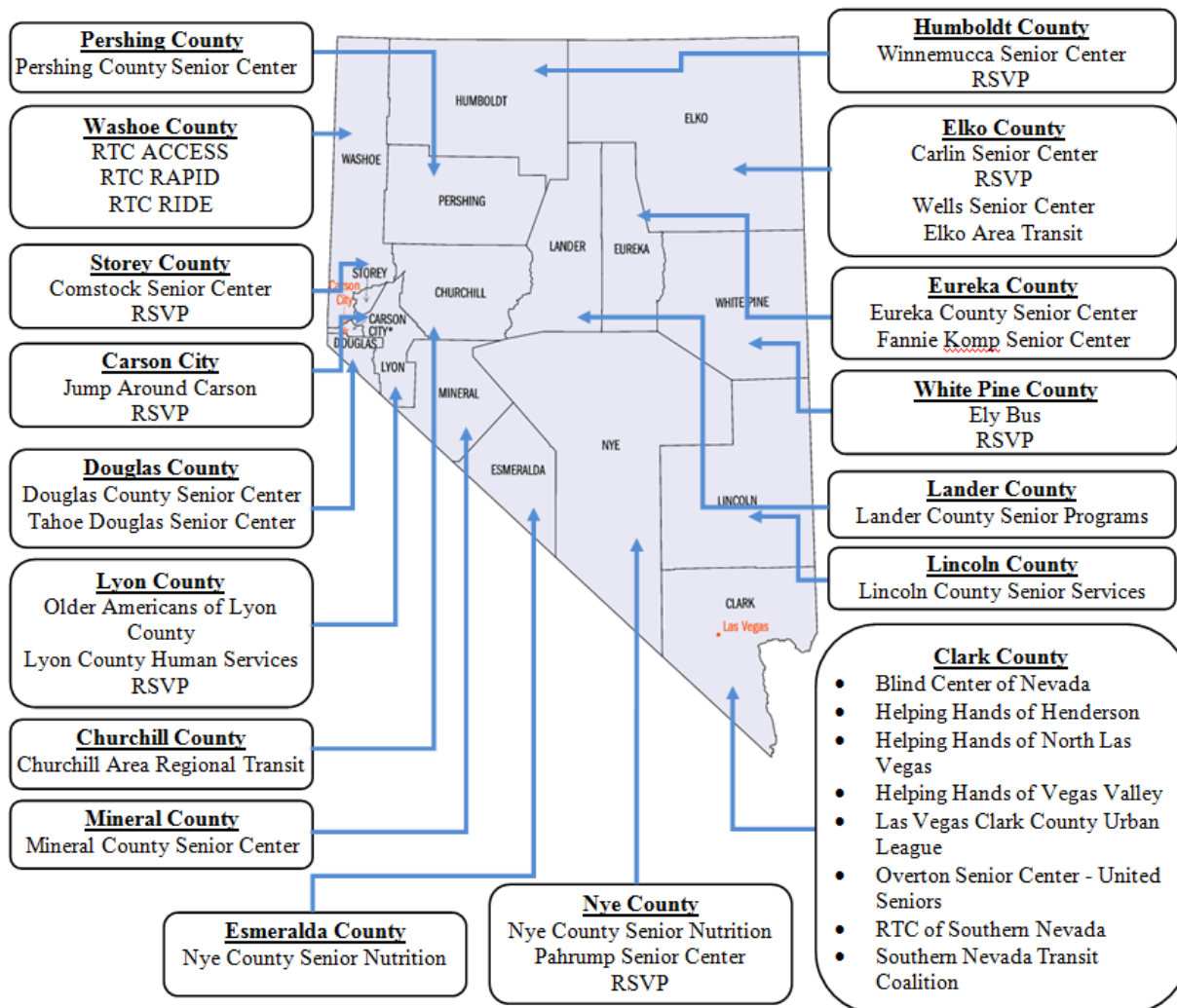
### **State Funded Transportation Program**

Transportation funding is used in combination with Title III-B funds of the Older Americans Act and Independent Living Grants, to support transportation programs for seniors and disabled persons, as follows.

- Federal Transit Authority (FTA), Section 5311 funding is administered by the Nevada Department of Transportation (NDOT) for operating costs of public transit service in small urban and rural areas of the state. State transportation funds are allocated to help ensure the federally required 50 percent match for rural and elderly transportation programs.
- Federal Transit Authority (FTA), Section 5310 funds are allocated to match grant funds for vehicles. The FTA supports 80 percent of the cost of the vehicles, while NDOT provides 10 percent. ADSD supports up to 10 percent of the remaining matching requirement, if funds are available, upon request from the rural senior transportation programs.
- State Transportation Program funds are also granted to help rural and elderly transportation programs buy tires, repair vehicles or supplement fuel expenses.

As the map below demonstrates, ADSD funding helps ensure that the transportation needs for Nevada seniors in all 17 counties are met.

### Transportation Services Providers in FY 2011



The tables found in Appendix H, page 8-10, summarize Aging and Disability Services Division (ADSD) state transportation allocations for years 2008 through 2012.

ADSD works closely with the Nevada Department of Transportation (NDOT) to coordinate statewide rural transportation for seniors and disabled persons. ADSD staff review the NDOT State Transit Plan, make comments and recommendations before the plan is implemented.

To help ensure the well-being of Nevada seniors using this vital service, ADSD funded transportation programs are required to provide and document annual Elder Abuse Training for all drivers and program staff: <http://nvaging.net/epstraining.htm>. Division grantees are required to report suspicions of elder abuse, neglect, exploitation and/or isolation, pursuant to Nevada Revised Statutes (NRS) 200.5091 – 200.5099. Additionally, drivers are required to have driver

safety training biennially. Transportation providers also follow Transportation Service Specifications to ensure the quality and safety of the service:  
[http://nvaging.net/grants/serv\\_specs/transportation.htm](http://nvaging.net/grants/serv_specs/transportation.htm).

## **OAA Title IV Discretionary Grants**

The Division applies for a number of grants each year, as opportunities become available. These grants fund specialized programs, and goals are achieved through partnerships forged with many state and local organizations.

**Alzheimer's Disease Supportive Services Program (ADSSP):** ADSD has received Alzheimer's Disease Demonstration Grants to States (ADDGS) and ADSSP funding since FY 00-01. In 2008, ADSD received an award for an Innovative Alzheimer's Grant for 18 months, ending March 31, 2010. In 2009, ADSD received an award for an Evidence-Based Alzheimer's Grant for 36 months, ending September 29, 2012.

The Alzheimer's Disease Supportive Services Program (ADSSP), formerly ADDGS, is a federally-funded program, authorized through the Public Health Services Act and administered by the U.S. Administration on Aging. The ADSSP mission is to expand the availability of diagnostic and support services for persons with Alzheimer's Disease and Related Disorders (ADRD) and their families, as well as to improve the responsiveness of the home and community-based care systems to persons with dementias. The program focuses on service for hard-to-reach and underserved persons with ADRD.

Specifically, the ADSSP grants provide a support structure for individuals with ADRD and their unpaid care providers. The ADSSP funding enables partners to focus on high stress caregivers of individuals with Alzheimer's disease, with a special emphasis on those with low income, from minority and rural communities and with limited English speaking proficiency.

Nevada's project goal for the 2008 Alzheimer's Innovation Grant, *To Better Serve People with Alzheimer's Disease and Related Disorders* was to establish early intervention service delivery to Alzheimer's (dementia) patients and caregivers in rural and underserved communities of Nevada, through the use of televideo and telemedicine. Nevada's 2009 ADSSP Evidence-Based grant goal is to allow Nevada's partnering agencies to apply evidenced-based intervention protocols and stress assessments to unpaid caregivers of clients with ADRD, thereby enabling them to remain in a home setting longer.

In 2011, the Nevada Legislature passed Assembly Concurrent Resolution 10 (ACR10), which Directs the Legislative Committee on Health Care to create a task force to develop a state plan to address Alzheimer's disease. The Alzheimer's State Plan will influence policy, funding, and the service delivery paradigm related to Alzheimer's disease and related dementia.

ADSD continues to partner with the following agencies, which have specialized in various components of the overall grant work plan.

- (1) The Alzheimer's Association – Northern Nevada Northern California conducts outreach to Latino/Hispanic families in Northern Nevada as well as providing respite vouchers to Rural



Nevada families. The Northern Nevada Chapter teamed with Nevada Hispanic Services (NHS) to expand services to this target population. Services include:

- Respite vouchers.
- Information and advocacy.
- Support groups.
- Training for professionals and caregivers.

- (2) Arizona State University - Dr. David W. Coon, Professor in the College of Nursing and Health Innovation and Professor of Psychology (affiliated faculty) in the New College, is a REACH (CWC) and REACH II investigator. Dr. Coon serves as an advisor to Nevada in the translation of components into the NevadaCare project based on successful pilot work conducted with diverse groups of caregivers in both California and Arizona. Dr. Coon is a recognized expert in the development, delivery, and evaluation of interventions with diverse populations and has published more than 80 journal articles, book chapters, books, and treatment manuals focused on the development and evaluation of interventions for older adults and their family caregivers. Dr. Coon provides training and ongoing supervision in the delivery of NevadaCare. In addition, he is the project's overall evaluator and the key person involved in crafting the project's evaluation tools, analyzing the project's data, and reporting its findings.
- (3) The Alzheimer's Association - Desert Southwest provides respite and supportive services to Southern Nevada families affected by Alzheimer's disease and related disorders and to relieve the service burden on rural aging and social service providers. Services include:
- Respite vouchers to Alzheimer's /dementia caregivers.
  - Helpline – 24/7 for Information and Referral.
  - Support groups for caregivers.
  - Education for community, families and professionals.
  - Safe Return Program.
- (4) The Cleveland Clinic Lou Ruvo Center for Brain Health provides a variety of services and specialization related to Brain Health. Its mission is to prevent the disabling symptoms of chronic brain diseases and to prolong healthy, vital aging in people at risk for dementia or cognitive disorders. Services include:
- Diagnosis and medical management.
  - Social service referrals.
  - Competency evaluations.
  - Case management and future planning.
  - Support groups and workshops for families.
  - Behavioral consultation and counseling for individuals and families.
  - Education for professionals.
  - Lunch and Learn Program.
  - Development of the Clark County Alzheimer's Action Network, intended to help develop the Alzheimer's State Plan.



In summary, the ADSSP partners are recognized for their successful, creative telemedicine approach, which allows them to reach otherwise inaccessible clients and caregivers in the state. Ten of Nevada's 17 counties are classified as "Frontier" by the Census, because of their sparse populations. As discussed in Appendix B, the anomaly between geographic size and population concentration poses real challenges for service delivery to Nevadans living outside the three urban counties, Clark, Washoe and Carson City. This program helps mitigate those challenges. ADSSP Partners also provide the CarePRO Evidence-Based intervention to help caregivers and individuals with dementia better manage stress levels, enabling them to provide better care for loved ones and mitigating the common health risks of caregivers.

**Lifespan Respite Grant:** Please refer to page 35 of this appendix, as this grant receives oversight from the Disability Services Unit.

**The Chronic Disease Self Management Program (CDSMP) Grant:** ADSD received funding for the CDSMP Program, funded through the American Recovery and Reinvestment Act (ARRA). Evidence-based programs, such as CDSMP, can help individuals deal with their chronic conditions. They will help individuals better manage their conditions and take a more proactive role in their health, which reduces or eliminates unnecessary hospital visits and Medicare/Medicaid payments.

In 2008, 9.2 million individuals were eligible for both the Medicare and Medicaid Programs<sup>1</sup>. These "dual eligible" individuals are among the most chronically ill and costly individuals enrolled in Medicare and Medicaid programs, often having multiple chronic conditions and long term care needs. They account for a disproportionately large share of expenditures in both Medicare and Medicaid programs.

ADSD partners for the CDSMP Program include:

- (1) Nevada State Health Division (NSHD): Provides monitoring, evaluation, and continuous quality improvement. The NSHD developed the Fidelity Monitoring Tool and provides the oversight for the program.
- (2) St. Rose Dominican Hospitals: delivers the Stanford CDSMP to 200 Nevadans in Southern Nevada during the grant period, with special emphasis on reaching underserved populations such as low income Hispanic and African Americans in their respective communities.
- (3) St. Mary's Regional Medical Center: delivers the Stanford CDSMP to 100 Nevadans in Northern Nevada during the grant period, with special emphasis on reaching underserved populations such as low income Hispanic and African Americans in their respective communities.
- (4) Southern Nevada Health District: conducts outreach activities to help recruit CDSMP workshop sites and participants, especially within hard to reach populations.

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<sup>1</sup> Data based on the Centers for Medicare & Medicaid Services (CMS) Enrollment Database, Provider Enrollment, Economic and Attributes Report, provided by CMS Office for research, Development and information July 2010.

## **Community Advocate for Elders Program**

The Community Advocate for Elders Program, created in 1991, established by NRS 427A.300, is funded by the Nevada State General Fund. This program enables older persons and their family members to make informed decisions and enhances the ability of family caregivers to continue their care for older family members. The program, with leadership from the Social Services Manager, targets seniors age 60 and older residing in communities throughout Nevada. Advocates handle more than a thousand contacts a month in Las Vegas, Reno and Elko, with most of the demand in Las Vegas and continually increasing. Advocates' contacts include phone calls, walk-in clients or e-mails each month, to provide these services:

- Advocacy.
- Information, options counseling and assistance on services available to seniors.
- Resources and information to seniors and senior community and advocacy groups.
- Information and referrals regarding programs and services available to homebound seniors.
- Outreach to locate and identify needs, resources and services.
- Project assistance for the Resource Development Unit.

## **The Taxi Assistance Program**

The Taxi Assistance Program, formerly the Senior Ride Program, was established by NRS 427A.070. It allows Clark County residents age 60 and older and persons with permanent disabilities, who meet certain income criteria, the use of taxicabs at a discounted rate. The program, led by a Management Analyst 1, is not funded by taxpayers, but is self-funded through a fee on taxicab rides taken in Clark County. The other source of funding comes from the program recipient's payment of \$10 for \$20 worth of taxicab coupons.

The program sells about 40,000 coupon books a year, with a total value of about \$800,000, but resulting in sales of about \$400,000 due to the discount. Coupons are valid for any Las Vegas taxicab company, 24-hours-a-day, seven-days-a-week, and year round. Approximately 6,200 persons are enrolled, and about 1,000 currently use the program each month, which includes about 250 individuals with disabilities and the remainder are seniors.

In 2011, the Nevada Legislature tasked ADSD with developing income eligibility criteria, to ensure the program serves those most in need. At this time, the program has no limit on income for participants who purchase the coupon books.

## **Special Projects**

The RD Unit identified the need for a Special Projects Section in 2011, due to the need to pursue additional funding opportunities and build partnerships. With leadership from the Unit's Management Analyst 2, the Special Projects team is integrated throughout activities of the Division and its partners, with projects such as:

- Developing the Division's Four-Year State Plan for the Administration on Aging.
- Developing and submitting grant applications for OAA, Title IV discretionary funding and other outside funding.

- Forging state and community partnerships/roles for Division grant endeavors.
- Developing the Division's annual Independent Living Grant report.
- Providing support to two subcommittees of the Nevada Commission on Aging.
- Developing the Division's annual, federal NAPIS report.
- Managing data entry, training and providing technical assistance for up to 90 ADSD grantees in their use of the Division's Social Assistance Management System (SAMS), including managing the Division's HELP Desk for grantees.
- Designing and implementing surveys and statistical data analysis for strategic planning and program monitoring.
- Developing statistical reports to track progress of grantees toward agreed upon projections for grant awards.
- Conducting statistical data analyses to enable funding decisions that help ensure funds are administered statewide and targeted to areas and individuals most in need.
- Coordinating activities and meetings, and developing required reports for the Division's Discretionary Grants (MIPPA, CDSMP and ADSSP).
- Consolidating the Division's quarterly financial reports for fiscal processing.
- Developing and maintaining various internal and intrastate reports on program updates and trends.

## **2. The Home and Community Based Care Unit**

The Home and Community-Based Care (CBC) Unit provides programs that foster independence and self-reliance, and maintain the dignity of frail elderly persons, helping them to be an integral part of their families and communities. CBC establishes community-based services that enable frail elderly persons to remain in their homes. Its programs help ensure individuals at risk of being placed in a facility for long-term care are able to receive the services that will keep them in their homes to age in place.

The CBC Unit is responsible for the proper and efficient operation of two Medicaid Waivers, including State Plan services, Community Service Options Program for the Elderly (COPE), Homemaker Program, and a Personal Assistance Services program. Duties include eligibility determination, evaluation of level of care, assessment of service needs, case management, development of the plan of care, utilization review and quality management.

Program applicants and recipients are given the choice of either institutional or home and community based waiver services and may select any willing and qualified provider to furnish waiver services included in the service plan. Policies are established to ensure recipient choice is achieved whenever possible, as well as processes to facilitate employment of a qualified caregiver through an enrolled provider agency. These programs also promote the participation by any appropriate public or private agency, organization or institution in the collaborative development of services that offer options to frail elderly persons.

ADSD receives reimbursement from the Division of Health Care Financing and Policy (DHCFP) aka 'Medicaid' for waiver services provided. Community-based services can provide a more cost effective alternative to nursing home care by preventing or delaying institutional placement.

## **The Home and Community Based Waiver (HCBW) for the Frail Elderly**

In 1987, the Nevada Legislature mandated that the Division establish a program to provide home and community-based services for frail, elderly individuals who are at risk of institutionalization in the least restrictive environment possible. The authorization for this program is contained in Nevada Revised Statutes 427A.250. The Waiver for the Frail Elderly was implemented under the authority of Section 1915(c) of the Social Security Act. The waiver is currently approved by Centers for Medicare and Medicaid Services (CMS) from July 1, 2010 – June 30, 2015. CMS approved an amendment to this waiver effective July 1, 2011 which allowed the merger of the Waiver for the Frail Elderly and the Waiver for the Elderly Adult in Residential Care (WEARC). The merger was a collaborative effort between ADSD and Nevada Medicaid, which moved the one unique service covered in WEARC, Attendant Care, to the Waiver for the Frail Elderly. Attendant Care was renamed Augmented Personal Care, to align with the similar service offered in the Assisted Living Waiver. Combining the two waivers will streamline processes and eliminate duplicative procedures, thereby promoting efficiencies and removal of barriers to accessing services.

## **The Community Service Options Program for the Elderly - COPE**

The Community Service Options Program for the Elderly (COPE) is a limited, state funded, public benefit program. ADSD has authority to provide services to a set number of seniors, who meet functional and financial eligibility criteria. COPE provides supportive services, similar in scope to Medicaid waiver services, to prevent nursing home placement and facilitate long-term care planning for the elderly, not eligible for Medicaid waivers or other services.

### **COPE eligibility criteria**

- Income \$0.00 - \$2,923.00 per month.
- Assets – Single person, \$10,000, and Married \$30,000.
- Age 65 and older.
- Nursing facility level of care.
- Individuals at-risk for placement in a nursing facility within 30 days.
- Not eligible for Medicaid benefits.
- Priority given to Nevada Revised Statutes (NRS) 427A recipients, who are program applicants coming out of a hospital or institution, or those requiring minimal essential personal assistance with bathing, toileting and eating.

### **The Services provided by CHIP and COPE may include:**

- Case Management – assessment and development of a plan of care with specific activities necessary to gain access to needed medical, social, educational and other services, regardless of funding source.
- Homemaker Service – homemaking activities, which may include shopping, cleaning, laundry and meal preparation.
- Adult Day Care – care in an out-of-home setting, which provides supervision, recreation, nutrition and socialization for any part of a day, but less than a 24-hour period.
- Adult Companion Service – provision of non-medical care, supervision and socialization service to the functionally impaired adult in his/her home or place of residence, which provides temporary relief for the primary caregiver for less than a 24-hour period, per day.
- Respite – services provided to eligible recipients, who are unable to care for themselves, furnished on a short-term basis, because of the absence or need for relief of those persons

normally providing the care. Respite care can last more than 24 hours, but there is a limit of not more than two weeks of respite care in a year.

- Personal Emergency Response Systems (PERS) – provides an electronic device that enables certain individuals at high risk of institutionalization to secure help in an emergency.
- Chore Service - heavy household chores needed to maintain the home in a clean, sanitary and safe environment.
- Personal Care Assistance or Attendant Care - assistance with activities of daily living such as, mobility, bathing, dressing, toileting, meal preparation and eating. This service can be authorized by CHIP through the Medicaid state plan benefit.
- Augmented Personal Care - Assistance for the functionally impaired individual with basic self care needs and Activities of Daily Living (ADLs) such as personal care services, homemaker, chore, companion services, medication oversight (to the extent permitted under state law), therapeutic social and recreational programming and services that ensure that the residents of the facility are safe, secure and adequately supervised. This service includes 24-hour in home supervision to meet scheduled unpredictable needs and is provided in an approved Residential Facility for Groups.

### **The Group Care Waiver Program**

The Waiver for the Elderly Adult in Residential Care expired 06/30/11. The single unique service of attendant care was renamed Augmented Personal Care and incorporated into the Waiver for the Frail Elderly.

### **Assisted Living Waiver Program**

Another long-term care option was implemented through a new Medicaid Waiver in 2006. The Assisted Living Waiver provides services in an assisted living facility that meets criteria for certification which distinguishes facilities constructed through financing by low income tax credits and are committed to serving low-income seniors for at least 15 years. This waiver is currently approved by CMS from July 1, 2009 – June 30, 2014.

The purpose of this program is to provide another option for seniors to remain in the home-like setting of their choice. To be a qualified Assisted Living provider, a facility must also provide living units that include a kitchenette, sleeping area or bedroom and contain private toilet facilities.

#### **Services provided through the Assisted Living Waiver Program**

- Case Management – includes assessment and development of a plan of care with specific activities necessary to gain access to needed medical, social, educational and other services, regardless of funding source.
- Augmented Personal Care – personal care, homemaker, chore, companion, medication oversight (to the extent permitted under State law), therapeutic social and recreational programming, and services that ensure that residents are safe, secure, and adequately supervised including 24 hour in home supervision. There are three levels of augmented personal care covered in this waiver. The service level provided is based on the recipient's functional needs to ensure his or her health, safety and welfare in the community.

### **Medicaid Waiver Eligibility Criteria**

- Income 300 percent of SSI Federal Benefit using institutional income criteria.
- Assets up to \$2000.00.
- Age 65 and older.
- Nursing facility level of care.
- Waiver service need.
- Individuals at risk for placement in a nursing facility within 30 days.

### **Title XX Homemaker Program**

The Title XX Homemaker Program was transferred from the Division of Health Care Financing and Policy (DHCFP) to the Division for Aging Services in 1999. Incorporating this program into the Division has resulted in a more efficient and effective service delivery to older persons and the community.

All recipients receive administrative support and homemaker services that provide supportive assistance. The intent is to avoid or delay institutionalization, while encouraging independence and improving quality of life for the elderly and disabled.

The Social Security Act, Title XX Block Grant, provides for the appropriation of funds to be made available to states by the Secretary of the Department of Health and Human Services for the purpose of providing supportive services for eligible participants. Funding for this program is a combination of Title XX Block Grant and Tobacco Settlement Fund monies.

### **Title XX Homemaker Program Services**

- Administrative Support – eligibility determination, utilization review, identification of service needs, and information and referrals.
- General housekeeping.
- Shopping and errands.
- Planning and preparing light meals.
- Laundry.

### **Eligibility criteria for the Title XX Homemaker Program**

- Age 60 and older or persons with disabilities, in need of supportive services.
- Have income at or below 110 percent of the federal poverty level.
- Qualify for SSI.
- Functional deficits and/or lack of support systems and at risk for institutionalization
- Recipients needing essential shopping in addition to household cleaning such as shopping for prescriptions or food
- Receiving Elder Protective Services, no income eligibility criteria.

### **Personal Assistance Services (PAS) Program**

In 1985, the Nevada Legislature established a program to provide community-based services to adults with severe disabilities. Pursuant to NRS 427A.791, the predecessor agency of ADSD created the PAS program. The goal is to maximize independence and self determination through community-based supports.

The Division has the flexibility to design the program and select a mix of services that best meets the goals of the program. This flexibility is predicated on administrative and legislative support, as well as the availability of funds. The Division also acts in response to advisory recommendations made by the Subcommittee on Personal Assistance for Persons with Severe Functional Disabilities of the Nevada Commission on Services for Persons with Disabilities as established in NRS 426.731.

As of June 17, 2011 the contract for program operations was terminated by St. Mary's, the sole provider. ADSD transitioned the administrative and case management activities internally for the PAS caseload of 161 recipients. ADSD recruited agency and Intermediary Service Organization (ISO) providers and assisted the recipients during the transition of the caregivers to the various employment agencies. The PAS Program offers services through a traditional agency model or a self-directed model designed to allow recipients more autonomy and responsibility in the provision of personal assistance services. The option is utilized by accessing services through an ISO and must be provided in a manner that affords individuals and their representative's choice and control over the services they receive and the qualified support service providers who provide them.

## **Quality Management**

ADSD continues to demonstrate its commitment to maintaining high standards in client care and to continually improving the quality of services it provides. After the 2003 Legislative Session, the Division developed a formal quality management (QM) program. This QM program includes the Medicaid Waivers, the COPE Program and the Homemaker Program statewide.

Components of the QM program include assurances provided to CMS regarding:

- Level of Care.
- Plan of Care.
- Choice.
- Provider Qualifications.
- Health and Welfare.
- Administrative Authority.
- Program Intake-Eligibility.
- Financial Accountability.

Compliance with the standards has been assessed through one or more of the following means:

- Observations made during home visits.
- Participant Experience Surveys (PES).
- Review of records and documentation.
- Tracking and trending data.
- Documentation of compliance provided by staff or contractors.
- Annual audit by the Medicaid agency.

### **3. The Elder Rights Unit**

The Elder Rights Unit, created in 1989, continues to diligently improve existing services and provide advocacy for Nevada's seniors, age 60 and older. Programs in this unit provide a lifeline for elders who otherwise may be isolated and voiceless.

The Elder Rights Unit is comprised of two programs. The Long-Term Care Ombudsman Program provides advocacy for institutionalized seniors. The Elder Protective Services Program provides staff to investigate alleged abuse, neglect, exploitation and isolation reports in the community and long term care facilities.

These programs have fundamentally different but complementary missions and legal mandates, which require coordination in order to effectively serve clients. Both programs share a concern for vulnerable elderly persons and a responsibility for client confidentiality, investigation and intervention, among other functions. Both programs endeavor to develop and maintain relationships with a number of other agencies in order to increase their visibility and advocate for their clients.

#### **Long-Term Care Ombudsman Program**

The Long Term Care Ombudsman Program is authorized by the federal Older Americans Act. This act requires every state, through the Office on Aging, to create a statewide ombudsman program to "investigate and resolve complaints made by or on behalf of older individuals who are residents of long term care facilities" (including nursing homes, assisted living and board and care facilities). Although most statewide programs are composed of several regional or local Ombudsman programs that operate within an Area Agency on Aging (AAA) or other community organization, Nevada's Ombudsman program operates solely through ADSD.

The Division began a restructuring process in early 2008 in order to better align the Ombudsman program with the requirements of the OAA.

In order to accomplish its mandated requirements, the Division completed the following changes:

- Named a full-time State Long Term Care Ombudsman.
- Shifted the responsibility of facility-based elder abuse investigations from the Ombudsman program to the Division's Elder Protective Services program – this function accounted for about 95 percent of Ombudsmen duties leaving little time for advocacy and other program activities. It also created a conflict with federal confidentiality regulations.
- Developed a 40-hour training and certification process for all Ombudsmen.
- Developed policies and procedures that ensure residents are provided with regular and timely access to Ombudsmen.

With these changes, Ombudsmen now spend the majority of their time in facilities advocating on behalf of the residents. While Ombudsmen do not have direct authority to require action by a facility, they have the responsibility to negotiate on a resident's behalf and to work with other state agencies for effective enforcement. In addition to their advocacy work, Ombudsmen also serve as a valuable resource for residents, families and community members. They play a vital



role in conveying information and guidance to residents and their families, friends, legal representatives, and facility staff and caregivers about other public and private agencies and services available. Ombudsmen make routine visits (non-complaint related) that are unannounced to nursing homes, group homes and individual residential care.

Ombudsmen also:

- Promote consumer control and choice by offering assistance about selection of nursing homes, answering questions about long term care facilities and by helping people find the services they need in the community instead of entering a nursing home or transitioning from one.
- Share information about community groups and activities available to improve life and care for long-term care residents.
- Provide training, education and information to residents, family and facility staff on a variety of topics.
- Advocate for and provide information about residents' rights.
- Explain how nursing homes are inspected.
- Provide information on and assistance with family and resident councils.
- Direct residents to a local legal services program if they need legal assistance.
- Provide information about current legislative and regulatory efforts in the state.

Changes to Nevada's laws were also needed. The Nevada Revised Statutes (NRS) were updated during the 2009 Legislative session which brought the Ombudsman program into compliance with federal regulations in order to ensure continuation of funding from the Administration on Aging (AoA).

These changes created the Office of the State Long-Term Care Ombudsman (SLTCO) within the Division and the appointment of a qualified person to act as Nevada's State Long Term Care Ombudsman by the Administrator of ADSD. Additions to the NRS outlined the duties of the SLTCO who is responsible to perform a variety of duties as outlined in the OAA. Authority for adding volunteers to the program was also added to the NRS at this time.

Regulations in the form of Nevada Administrative Code (NAC), were developed and adopted for the program and became effective July 22, 2010. The purpose of the NAC is to add detail to the NRS and expand on the structure and duties of the SLTOP. For example, one of the NACs requires all Ombudsmen to receive specific training. The Division developed a complete training and certification program for all Ombudsmen in compliance with the training requirements outlined in the OAA. Every Ombudsman is now certified by the State Ombudsman and re-certified annually.

Lastly, Nevada added a volunteer component to its Ombudsman program on July 1, 2011. Many states have a volunteer program in order to help visit residents, monitor general facility conditions and to extend the reach of the program. Volunteers provide the community presence that is the grass-roots essence of the Ombudsman program model. This new addition to

Nevada's Ombudsman program will greatly expand assistance to residents in long-term care. The Division has completed policies, procedures and a training and certification program for the volunteers along with in depth screening and application tools. Volunteer Ombudsman will receive background checks (state and federal) just as all Division employees do. The 2011 legislature approved a small budget that will enable the program to support 25 volunteers over the next biennium.

Collaboration is an important feature of the Long-Term Care Ombudsman Program. Ombudsmen participate with all agencies in the aging network. The Division has a Memorandum of Understanding (MOU) with the Nevada State Health Division's Bureau of Health Care Quality and Compliance, Health Care Financing and Policy (Medicaid) and the Board of Examiners for Long Term Care Administrators. This agreement facilitates the Ombudsmen's role in carrying out their advocacy duties. All of these agencies routinely request assistance from the Ombudsman program. This assistance includes investigations of complaints as well as advocacy on behalf of clients in long-term care.

### **Elder Protective Services Program**

The Elder Protective Services (EPS) program, which is part of the Elder Rights Unit, receives and investigates reports of abuse, neglect, self neglect, exploitation and isolation of older persons age 60 years and older per Nevada Revised Statute 200.5093. The program's mission is:

*To assist older persons, age 60 and over, who are abused, neglected, isolated, or exploited by investigating and providing or arranging for services to alleviate and prevent further maltreatment while safeguarding their civil liberties.*

This program was established within the Division, on July 1, 1999. EPS social workers take action to safeguard the well being and general welfare of older persons in need of protection and who are unable to protect themselves. This includes those who have physical, emotional, or mental impairments. These impairments may limit the older person's ability to manage their personal, home, social, and/or financial affairs.

EPS clients struggle to maintain independence and are at risk for victimization and institutionalization, unless services are put into the home to alleviate negative situations and maintain their safety. The social worker develops a case plan and offers services to support the older person with the person's consent and willingness to accept assistance. Social workers support the rights of their clients and support consumer control and choice whenever possible.

Social workers are stationed in each of the Division's offices located in Carson City, Elko, Las Vegas and Reno, and initiate investigations within three working days of receiving the report. Social Workers: evaluate circumstances; counsel clients and/or their legally responsible parties; arrange for necessary services; write reports for law enforcement and health care providers; and follow up to make certain clients are accessing the services they need and/or will accept. When a crime may have been committed against an older person, social workers report the cases to the appropriate law enforcement agency for possible investigation and prosecution. They may be asked to appear in court to provide testimony.

The EPS program works closely with other services funded by the Division. Often clients are referred to the Community Based Care Unit for services. Many of the Division's grantees provide services that benefit EPS clients including respite, legal services, homemaker services, shopping, case management, nutrition programs, food pantries, transportation services, mental health outreach, caregiver support and others.

As of July 1, 2010, the Division's Las Vegas office assumed the responsibility for all investigations in Clark County - the most highly populated county in Nevada. Prior to this time, the Division shared this responsibility with the county's Senior Citizen's Protective Services (SCPS) Program until their operation ceased after 30 years of service. The Division is now the only agency responsible for providing elder protective services to older persons in the entire state other than law enforcement agencies. This transition of responsibility tripled the number of cases investigated by the Division.

With the transition of Clark County's program, Division staff identified the necessity to rework its EPS practice model and to outline a comprehensive program with access to essential collateral services and the provision of those standardized services on a statewide basis. A restructuring of current practices was necessary in order to best serve this vulnerable population and was instrumental in the ultimate success of this transition, especially as the restructuring adopted many components of Clark County's historical service practice.

In order to develop and update areas of the formal service delivery model for the EPS program, Division staff began working with Dr. Holly Ramsey-Klawnsnik in 2009 – a nationally known leader in EPS best practices. Her involvement was critical in moving forward with the transition. In bringing best practices into the service delivery model, Dr. Ramsey-Klawnsnik struggled with EPS staffing levels. EPS was significantly understaffed making it unfeasible to implement the updated service delivery model. The best practice guidelines noted, “unmanageable caseload size,” as one of the key issues creating a barrier to good case work. The term “caseload” includes new investigations, ongoing cases and cases that are finalized and closed.

Additionally, increasing caseload size was making it progressively more difficult for social workers to conduct thorough investigations, to provide quality interventions and to follow up to evaluate the effectiveness of the interventions. Caseloads increased from an average of 31 cases per worker in 2006 to an average of 57 cases per worker in 2011. This far exceeds the nationally recommended caseload average of 25. In 1997, a study conducted by the National Adult Protective Services Association (NAPSA) concluded that adult protective services (APS) caseloads should not exceed 25, when caseloads include new investigations and ongoing cases.

In order to better serve its clients and to implement the updated service delivery model, more social workers were needed. In 2011, the Division was able to obtain legislative approval for funding of EPS social work positions to support a target caseload size of 40. Funding was also sought and obtained for the provision of essential services for EPS clients who have been or are at risk for abuse, neglect, exploitation or isolation. Some of these services were previously provided by Clark County and would no longer have been available unless the Division provided or contracted for these services.

Non-investigatory Responsibilities: Per Nevada statutory requirements, the Division collects statewide statistics regarding elder abuse reports. Law enforcement agencies are required to send their report information to the Division within 30 days of case closure. An annual report is made available to the public and is often used during the legislative process to illustrate the need for changes to the law and to support program funding requests.

Statute also allows the Division to create teams to assist with the assessment and planning of protective services. Currently, Nevada has two teams – one in Las Vegas and the other in Reno. Team members include representatives of various entities associated with abuse of older persons including ADSD, the Health Division's Bureau of Health Care Quality and Compliance, the Medicaid Fraud Control Unit, the Public Guardian, County Social Services, Medicaid, the Nevada Attorney General's new unit for Crimes against the Elderly and occasionally law enforcement agencies. These teams meet monthly to discuss issues related to elder abuse, investigations, training opportunities, and special cases or problems within long term care facilities.

The Division provides numerous training sessions for various community organizations and providers regarding elder abuse and mandatory reporting laws. These trainings include small groups of volunteers or employees, large organizations, law enforcement trainees, or large provider groups. This is an important role for the Division in assisting the public to recognize, prevent and report abuse, neglect, exploitation and isolation of Nevada's seniors.

#### **4. The Supportive Services Unit**

The Supportive Services unit is made up of four programs: Senior and Disability Rx Program, Nevada State Health Insurance Assistance Program, Aging and Disability Resource Centers, and the Senior Medicare Patrol Program.

##### **Senior and Disability Rx Program**

The Senior and Disability Rx program is Nevada's state pharmaceutical assistance program (SPAP), a pharmacy subsidy program for low income seniors and persons with disabilities who need assistance to afford their medications.

The Senior Rx program was created by State statute during the 1999 Legislative Session. The Disability Rx program was added to State statute during the 2005 Legislative session. Previously housed within the Nevada Department of Health and Human Services Office, the Senior and Disability Rx program transferred to ADSD on July 1, 2009 with the merger of the Division for Aging Services and the Office of Disability Services, to become the Aging and Disability Services Division (ADSD).

A portion of Nevada's Master Tobacco Settlement funds are deposited into the Fund for a Healthy Nevada. The Director of the Department of Health and Human Services determines biennially the portion of the fund that will be used for the Senior and Disability Rx programs. Program eligibility is based on age, income and disability status. Eligible applicants must be age 62, or persons with verifiable disabilities ages 18 through 61. Household income limits as of

July 1, 2011 are \$26,054 for individuals and \$34,731 for couples. The maximum incomes are subject to annual increases based on the Consumer Price Index each year. Individuals must reside in the state of Nevada for at least one year prior to the date of application. Applicants cannot be eligible for full Medicaid benefits.

Nevada Senior R<sub>x</sub> and Disability R<sub>x</sub> staff assists eligible applicants to obtain essential prescription medications. Members who are not eligible for Medicare pay \$10 for generic drugs and \$25 for brand drugs. Members who are eligible for Medicare receive help with the monthly premium for their Part D plan and may use the program as a secondary payer during the Medicare Part D coverage gap. Part D members who qualify for extra help with Part D costs through federal programs must apply for and if approved use that help.

Participation is subject to the amount of funds available to the Senior R<sub>x</sub> and Disability R<sub>x</sub> programs. A waitlist may be established at any time, based on projected caseload expenses; applicants with the lowest incomes are approved first when enrollment is continued.

### **The Nevada State Health Insurance Assistance Program**

The Nevada State Health Insurance Assistance Program (SHIP) is Nevada's Medicare assistance program, administered by ADSD. Nevada SHIP is funded by a federal grant from the Centers for Medicare and Medicaid Services (CMS) and state Independent Living Grant (ILG) Funds.

The program provides Medicare information, counseling and assistance to senior and disabled Medicare beneficiaries, family members and caregivers in Nevada. Trained volunteers and staff counsel clients regarding: Medicare hospital and medical benefits, premiums and deductibles; Medicare Health and Prescription Drug Plans; supplemental insurance (Medigap); preventive services; and Medicare rights. Volunteers also assist with grievances, complaint and appeal procedures, and make referrals to the Nevada Division of Welfare and Supportive Services and The Division of Health Care Financing and Policy (Nevada Medicaid) for other needed information and assistance.

Nevada SHIP has intensified its efforts to reach out to elderly individuals and people with disabilities throughout the state, particularly in rural areas, to make them aware of options and benefits available under the various Medicare programs. This outreach and counseling focuses specifically on three objectives:

- Provide seniors with assistance in selecting and enrolling in Medicare health insurance and Part D Plans.
- Heighten the awareness of low-income beneficiaries regarding Medicare's financial assistance with prescription drug-related costs, and to help them file an application for this benefit.
- Educate eligible beneficiaries to understand and utilize services.

SHIP conducts targeted community outreach to beneficiaries through public forums or with community based partners to increase the awareness and understanding of Medicare program benefits.

In 2008, SHIP established a partnership with Access to Healthcare Network (AHN) in Reno, which organizes and guides SHIP volunteer activities in Northern and Rural Nevada. The SHIP state office trains volunteers regularly in accordance with Centers for Medicare and Medicaid Services (CMS) guidelines, to maintain a quality level of information disseminated to beneficiaries.

SHIP primarily utilizes volunteers to provide Medicare counseling through a toll-free information line and face-to-face counseling sessions. Staff and volunteers conduct educational presentations and provide information at health fairs, community events and offer weekly counseling sessions at many senior centers throughout the state.

SHIP partners with Salud en Accion, a community based health promotion program providing Medicare advocacy to the Hispanic community. Salud en Accion facilitates SHIP's ability to assist a high percentage of low-income, non-English speaking beneficiaries, who would otherwise be difficult to reach.

SHIP has been using its recruiting and training activities of volunteers through a program called The BEAM Team (Benefits Counselor, Educator, Administrative Assistant, Marketer). People like doing the things they do best, and this program expands volunteer opportunities and better prepares SHIP's skilled workforce by enabling volunteers to work in their strength areas. The emphasis on training promotes accurate and reliable counseling services for Nevada's fast-growing senior population.

Nevada SHIP's achievements during Medicare's initial Part D campaign in 2006 established the program as an indispensable state-specific alternative to the 1-800-Medicare hotline. Nevada SHIP received a 2011 CMS performance award for excellent services to disabled and low income seniors. The program continues to strive for excellence in helping Nevada's Medicare beneficiaries live independently and make choices that reduce costs.

### **Aging and Disability Resource Centers (ADRC)**

Nevada ADRC aims to improve access to long-term care (LTC) services and supports for Nevada's elders, persons with disabilities, their families, caregivers, and those planning for future long-term support needs. The aim is to provide one-stop-shop access to a seamless system of support that is consumer-driven so individuals are empowered to make informed decisions about the services and benefits they need or want. The Nevada ADRC is designed to streamline eligibility processes with public partners and provide consumer access to a variety of public benefit programs. The regionally based ADRC sites have been established within existing community-based organizations to provide unbiased information and gain public trust. Services provided include information, assistance and access into long-term support services for seniors, people with disabilities, caregivers, and those planning for future long-term support needs. The service includes indirect and direct representation of clients to obtain needed services and benefits.

**Information and Referral:** This is a service that helps facilitate access to service delivery.

- Information Provision – Provides information to an inquirer after a direct request. Information can range from a limited response (such as an organization's name and address), to detailed data about a community service (such as explaining how an intake system works for a particular agency), agency policies, and procedures for applications.
- Referral Provision – Provides I & R services in which the inquirer has one-to-one contact with the I&R specialist. The referral process consists of verbally assessing the needs of the inquirer, identifying appropriate resources, providing enough information about organizations to help the inquirer to make an informed choice, and helping inquirers locate alternative resources if a service is unavailable.
- Follow Up – The I&R specialist offers follow up and may contact the consumer to assure that services were provided and resolutions were achieved for identified needs.

**Assistance and Advocacy:** This service is also known as Options Counseling, and is a holistic service that attempts to find an array of services for the total needs of the consumer. Service components include:

- Advocacy – Provides assurance that people receive the benefits and services to which they are entitled. A signed consent form is required from the consumer.
- Options Screening – Provides identification for and/or determination of benefit eligibility for a consumer. An initial screening determines the most appropriate agency for the service request, and a needs assessment identifies the service(s) needed.
- Planning for Care/Services – Provides identification for needed services for the consumer. Under the direction of the consumer, assists in the development of a plan to meet those needs. Assists the consumer in implementing the plan for service(s).
- Crisis Intervention – Provides assistance for people in crisis with assessment, identification of resources, service acquisition, and follow-up.
- Follow Up – The ADRC Specialist contacts the consumer to assure that services were provided and resolutions were achieved for identified needs.

**Eligibility and Access:** This service assists consumers in applying for publicly funded services, or referring consumers to public programs through the following activities:

- Identification of Benefits – Guides consumers in identification process of appropriate public benefits.
- Information Collection and Validity – Assists individuals with obtaining any verification documents required by the public entity. Assures that the information provided by the applicant is reasonable, reliable, and consistent with other statements made by the applicant, and verification provided.
- Assistance with Applications – Assists consumers in completing forms and applications for benefits.
- Consumer Consultation – Provides information and consultation to keep consumers informed of their responsibilities for each receiving agency, and any additional processes which may be necessary.
- Follow Up – Assures that the receiving agency has the application and required documents to streamline the process in a timely manner.
- Appeal Process – Assists the applicant with an appeal process, should an application be denied for service.
- Process Evaluation Sessions – ADRC personnel will participate in public agency evaluation sessions to address conflict or errors with consumer-submitted applications.

## **Senior Medicare Patrol**

The Senior Medicare Patrol Program (SMP) is Nevada's Medicare fraud awareness program, and is administered by ADSD. The SMP program is funded by a federal grant from the Administration on Aging (AoA). Since 1997, AoA has funded SMP projects to recruit and train retired professionals and other senior citizens in how to recognize and report instances or patterns of healthcare fraud. The Nevada SMP program was transferred from the Attorney General's office to the Aging and Disability Services Division in the 2011 legislative session.

The SMP program model is one of prevention, empowering seniors through increased awareness and understanding of healthcare programs. This knowledge helps seniors to protect themselves from the economic and health-related consequences of Medicare and Medicaid fraud, error and abuse. SMP projects also work to resolve beneficiary complaints of potential fraud in partnership with state and national fraud control/consumer protection entities, including Medicare contractors, state Medicaid fraud control units, state attorneys general, the OIG and CMS.

The SMP program partners with the aging network throughout Nevada, as well as community, faith-based, tribal, and health care organizations to utilize a variety of outreach strategies to educate and empower Nevada's Medicare beneficiaries to identify, prevent and report health care fraud.

In 2010 the Nevada SMP program received a 2010 expansion grant to increase public awareness of the program and volunteer recruitment. Nevada SMP targeted the use of these funds to: 1) develop innovative ways to conduct outreach and education efforts; 2) increase the number and involvement of volunteers statewide; 3) build and/or strengthen partnerships and collaborations and capitalize on the new relationship with the Aging & Disability Services Division (ADSD); 4) enhance interface with CMS and CMS contractors; 5) increase the number of beneficiary inquiries and the ability to deal with them effectively; 6) improve performance management, by ensuring accurate data tracking, regular reporting and an increase in OIG measures. To achieve these goals the program hired a volunteer coordinator and a resource development coordinator to identify statewide resources and opportunities for volunteer recruitment and outreach events.

The Nevada SMP program also received a 2011 expansion grant to further expand the SMP activities throughout the state. These additional funds will be used to expand on efforts begun with the 2010 Expansion grant and also to: 1) continue to increase the number of volunteers; 2) continue rural outreach to beneficiaries in all Nevada counties; 3) increase public awareness of program through an extensive media campaign; 4) expand outreach to Nevada's Hispanic population through a contract with Salud En Accion; 5) improve its ability to handle fraud complaints and work cooperatively with referral entities; 6) expand partnerships, with particular focus on law enforcement, statewide coverage and entities with rural and Hispanic reach; and, 7) improve ability to track and report on activities and successes.



Key to achieving these objectives will be the addition of a Northern Nevada Program Coordinator, who will work with the statewide Coordinator of Volunteers hired under the 2010 Expansion Grant. Another important factor will be the continuing integration with ADSD, within which the SMP Program is now based.

Anticipated outcomes include: 1) Medicare beneficiaries and caregivers throughout Nevada will hear the SMP message which will result in better fraud awareness and increased vigilance, and an increase in the number of complaints and resolutions; 2) accurate tracking of activities and results so that progress is measurable; and 3) An SMP program fully integrated with ADSD and SHIP. The expected products are additional materials for presentations and volunteer recruitment, enhanced training materials, better web exposure and better long distance communications and training tools.

## **5. The Disability Services Unit**

The Nevada Office of Disability Services was established in 2003 with the consolidation of several existing State programs into a single agency. In 2009, the Office of Disability Services was merged with the former Division for Aging Services to form the Aging and Disability Services Division. Now called the Disability Services Unit, the following services are provided generally to people of all ages and disabilities, who have independent living needs.

### **Autism Treatment Assistance Program**

The state funded Autism Treatment Assistance Program (ATAP) provides support for evidence-based intervention therapy and services for children with autism spectrum disorders who lack other resources for services.

The program serves children with Autism Spectrum Disorders, including conditions such as: Asperger's Syndrome, Pervasive Developmental Disorders-Not Otherwise Specified, and Childhood Degenerative Disorders diagnosed by a licensed professional. Children are eligible from age 18 months until they turn 19 years. There are no income eligibility limitations, though applicants are subject to a co-pay formula. The formula is based upon family income, less medical expenses that exceed 200% of poverty.

Services not covered include respite, medicines, supplements and treatments which are not evidence-based. Evidence-based means a service approach that is supported by scientifically rigorous research which provides consistent findings under repeated studies.

Monthly funding allocations are made to each child, depending on the child's age. The payment amounts range from \$600 to \$2,000 per month.

### **Deaf and Hard of Hearing Advocacy Resource Centers**

The Deaf and Hard of Hearing Advocacy Resource Center (DHHARC) is a statewide program which provides telecommunication equipment to persons who are deaf, hard of hearing or speech

disabled. The center also provides communication and programmatic access advocacy, mostly for persons who are deaf and rely on American Sign Language (ASL) in order to communicate.

Often persons with communication disabilities lack access to programs, written materials, and activities, which is a direct violation of the Americans with Disabilities Act (ADA). The Center also provides information and referral to their clients to meet their specific needs and/or to the general public on a variety of related topics such as Sign Language classes, how to secure an interpreter, etc. They provide workshops and social events for the Deaf Community on a variety of topics, and provide sensitivity training and workshops to agencies such as the police and governmental agencies.

Persons seeking equipment must have a form signed by an audiologist, doctor or other professional such as a Vocational Rehabilitation Counselor who has access to medical records or other evidence for proof of disability. Advocacy client eligibility is determined by the program case managers.

### **Traumatic Brain Injury Rehabilitation**

The Traumatic Brain Injury (TBI) program provides rehabilitation therapies for individuals who are medically stable and need functional rehabilitation. This program funds services for people with Traumatic Brain Injury who do not have insurance coverage to pay for these services. The program is available to Nevadans statewide and services are provided by the Nevada Community Enrichment Program (NCEP) located in Las Vegas.

Services include an individualized, comprehensive neurological rehabilitation program essential for people with TBI to return to home, work, school, independent living and community reintegration and include: Individual/Group counseling, IL/ADL skills building, memory strategies training and community re-integration. Teens and adults with a TBI who need post-acute rehabilitation services and have no other pay source available, (i.e. insurance coverage) may be eligible.

### **Assistive Technology for Independent Living Program**

The Assistive Technology for Independent Living (AT/IL) Program is statewide and helps individuals remain living in the community by providing assistive technology, including but not limited to home and vehicle modifications, durable medical devices, communication devices, hearing devices and environmental control devices. The program can also assist individuals who are transitioning from an institutional setting, to another that is more community integrated with essential costs to make the move, establish residence, and basic household needs essential for daily living. The program is a last resort program and can help identify other possible resources in the community as well. Persons applying have the option to develop an independent living plan with a case manager to identify goals and the assistive technology necessary to complete the goal.

The AT/IL is available to all ages. Proof of disability and income is required for eligibility. There is not a specific income limit; however, the program has a sliding scale co-pay based on

income. The program does take into account out-of-pocket medical expenses in the past 12 months that can lower or eliminate the client co-pay. Persons identified as “in an institutional setting” or “high risk of institutionalization” can be prioritized for services. If there are other resources available to provide the assistive technology, the person needs to be denied by that resource first (Medicare, Medicaid, Private Insurance, Workman’s Compensation, etc).

## **Personal Assistance Services**

The Personal Assistance Services (PAS) program provides in-home assistance with tasks including bathing, toileting and eating. Any adult with a severe disability that causes a need for assistance, and who lacks an alternative PAS funding source is eligible. The day-to-day case management of the program is handled by social workers in the Community Based Care Unit of the Division. Disability Services staff manage budgetary and policy issues on a more macro level. The program utilizes the same provider agencies as the COPE program, which is a similar program specifically for seniors. With the merger of aging and disability services, the two programs are working towards streamlining the two programs and developing a more consistent approach to service policy.

## **Lifespan Respite Grant**

In September 2009, Nevada was awarded \$288,550 in OAA Title IV, Lifespan Respite grant funds. This was for a three year project to improve access to respite services and to develop a network of services, including training for caregivers and service providers through collaboration, outreach and by effectively utilizing volunteers.

ADSD in collaboration with project partners: the Cleveland Clinic Lou Ruvo Center for Brain Health (CCLRCBH), the Alzheimer’s Association-Northern Nevada and Northern California Chapter, the Alzheimer’s Association of Desert Southwest, the local Aging and Disability Resource Centers (ADRCs) and the Nevada Lifespan Respite Care Coalition, are working together to develop a coordinated, comprehensive system of information dissemination and service delivery called the Nevada Lifespan Respite Care Program.

Lifespan Respite Balancing Initiative (LRBI): In September 2011, Nevada was awarded \$172,015 in Lifespan Respite expansion supplement grant funds, to build upon work already begun to improve access to respite services. This project focuses on providing direct Lifespan Respite services to fill an identified gap in service delivery and address the unmet respite needs of family caregivers.

ADSD in collaboration with its project partners, RAVE Family Foundation and Give Me a Break, Inc. (GAB), the local Aging and Disability Resource Centers (ADRCs) and the Nevada Lifespan Respite Care Coalition, will deliver vital respite services to 180 families throughout the state over a one-year period. The goal is to expand the provision of Lifespan Respite services to all family caregivers, with an emphasis on underserved care recipients. Flexible vouchers will be issued for respite services provided by volunteers and every family will be connected with other resources.

Current Status of achievements includes:

- Nevada has established respite standards and policy, including expanded definitions around respite, respite care, respite programs and care.
- Ongoing identification of new respite programs and services, as well as encouraging continued participation with respite coalition members. Collaboration efforts with project partners are strengthening network of information and services, and improving the quality of respite care services in Nevada. A statewide needs assessment and survey tools are completed and in use.
- A Lifespan Respite Training module has been developed and is in use. As of September 31, 2011, 43 trainings have been completed statewide, reaching 339 persons and resulting in 31 referrals for respite services. Several of the trainings reached the un-served, under-served populations as well as rural areas.
- Respite vouchers are being issued through the extension grant.
- Many materials for resource development have been researched, created and reviewed by key partners and will be available through Nevada's ADRC web site. Nevada is on track to meet the goal of delivering vital respite services to 180 families throughout the state over a one-year period through the voucher program under the extension grant.

## **6. The Information Technology Unit**

Information Technology Unit (IT) staff maintains the local area network and servers, administers applications for case management and data collection, and provides desktop hardware and application support. The IT unit also ensures compliance with statewide security standards and troubleshoots and repairs problems encountered by Division users.

The IT unit is responsible for assessing technical infrastructure needs and planning for future modification and improvements to ensure the Division, grantees and clients have access to systems and applications, and that federal and state reporting requirements are met.

The IT unit supports the Division's established websites. The state website can be accessed at [www.aging.state.nv.us](http://www.aging.state.nv.us). Additional information about the Division's programs and services as well as links to a variety of sites of interest to elder clients, their families and caregivers are available at [www.nvaging.net](http://www.nvaging.net). Funds from the 2009 ADRC Enhancement grant, "Nevada Empowering Individuals through ADRC," were used to develop the Nevada ADRC website portal [www.NevadaADRC.com](http://www.NevadaADRC.com). The website provides urban, rural, and frontier consumers with access to information, services, and tools at any time of day, seven days a week (24/7).

### **Data Collection**

Data collection and case management information is centralized in a single point of entry system. The Division contracts with a Vermont-based company, Harmony Information Systems to license and host the application. The Social Assistance Management System (SAMS) is used by Division staff as well as more than 84 grantees throughout the state.

The Division utilizes several other software programs to collect and manage data for service

provision and reporting purposes. These include:

- NAPIS: The National Aging Program Information System: This is the data collection system used for reporting on programs funded by the Older Americans Act (OAA). NAPIS is a critical component of the aging network and is a mandatory requirement of Congress and the Administration on Aging.
- OmbudsManager, which is a component of the Harmony Information Systems product line, is a widely used nursing home complaint and case management system that generates the required federal reports, i.e. NORS: National Ombudsman Reporting System, from the data collected.
- TRAC: Tracking Resources and Children: This system collects required data on every child enrolled in early intervention under the Individuals with Disabilities Education Act (IDEA) Part C.

### **Information Technology Plans for 2012-2013 Biennium**

- Upgrade TRAC system - The TRAC data collection system will be updated and migrated to a web-based application. The legacy system, built on an SQL platform, was developed by the state and last updated over 10 years ago. The new TRAC system will provide easy and secure access to community agencies as well as Division staff. The new system will provide comprehensive data collection for children receiving early intervention services through the federal Individuals with Disabilities Education Act (IDEA) Part C. Improvements to the system will incorporate several new data elements missing from the legacy system and fully automate Federal and State reporting.
- Incorporate data collection and reporting for three new program areas into SAMS:  
Autism Treatment Program (ATAP) – provides support for evidence based, home-based intervention services for children (ages 0-18) with autism spectrum disorders who cannot qualify for services through Mental Health Developmental Services (MHDS), Medicaid, private insurance, or the Military.  
Personal Assistance Services (PAS) – provides home-based care for individuals who do not qualify for other resources, such as Medicaid.  
Senior Ride – The Senior Ride Program provides discounted taxicab fares to individuals, age 60 and older, and persons with disabilities through coupon booklets that are accepted by all taxicab companies in Clark County.

The 2011 Legislature authorized integration of three new modules into SAMS. The project will develop assessments tools, quality indicator reports, and care planning tools to guide the delivery of services for all three programs. Corresponding reports regarding wait times, caseload, cost sharing assessment based on client assets, costs per client, and other applicable quality and outcome indicators will be integrated into the central case management system. Enhancements for the Senior Ride component will include creating income eligibility and sliding fee scale to determine participant contributions towards discount ride coupon purchases.

- Enhance web pages and on-line information access.
- Continue security improvements and personnel training to keep up-to-date with federal and state mandates.

## **7. The Fiscal Unit**

The Fiscal Unit consists of three sections: Fiscal Document Processing, Auditing and Budgeting. Together, these sections manage all aspects of the Division's financial activities. They are responsible for the following:

The Fiscal Document Processing section manages all aspects of the Division's payables and receipts, with the exception of Provider Payments, e.g. vendor payables, inter agency transfers, and correcting documents, as well as recording receipt of revenue received by the Division, through the State's Integrated Financial System (IFS). It also reconciles posted payables and receipts to (IFS) to ensure items were posted and paid correctly. Additionally, it tracks and processes monthly payment requests for approximately 250 sub-grants statewide.

The Auditing section fiscally monitors about 250 grants awarded by the Division, based on the various requirements of funding streams. These funding sources are both state and federal. The Division's grants are awarded to various entities throughout the State of Nevada, which provide a broad range of supportive services to Nevada's seniors and individuals with disabilities.

Grantees must adhere to Program Instructions – Nevada (PINs) which covers basic fiscal requirements pertaining to the use of grant funds. See: <http://nvaging.net/grants/pins.htm>. These requirements are both federal and state. This section is responsible for auditing the financial records of the sub-grantees to ensure they are providing the services indicated in their scope of work and are compliant with all State and Federal regulations, policies and procedures. In addition, this section provides technical assistance when necessary to sub-grantees to assist them with compliance issues.

The Budgeting section prepares all of ADSD's biennial budgets for submission to the State of Nevada's Budget Division and Legislative Counsel Bureau. It also analyzes these budgets and prepares work programs to ensure adequate funding and authority is available for ongoing operations.

## **Special Programs of the Division**

ADSD currently has four initiatives that do not fall within the Unit structure: the Legal Services Development, state funded Caregiver Training, IDEA Part C and Emergency Preparedness Planning.

### **1. Legal Services Development**

The State of Nevada provides for a legal services developer in NRS 427A.122 et.seq. Called the Specialist for the Rights of Elderly Persons in statute and Elder Rights Attorney within the Division, this position must be filled by an attorney licensed to practice in Nevada. Following are some of the duties and accomplishments of Nevada's legal services developer:

- Works closely with three legal services providers funded by ADSD to coordinate services and insure that the targeted legal issues and populations required by the Older Americans Act are being addressed. Two of them are not Legal Services Corporation (LSC) sites – the Washoe County Senior Law Project and the Las Vegas Senior Law Project. The other, Nevada Legal Services, is funded by LSC.
- Identifies unmet needs in provision of legal services to older persons and works with communities and state government to find ways of meeting the needs. Used Model Approaches Grant to provide for a Legal Services Helpline, and assisted in finding continuing funding for this service to rural Nevada after the Model Approaches Grant expired.
- Provides advocacy for the rights of senior citizens in legislative matters, law enforcement situations, and as a friend of the court.
- Reviews and tracks legislation that impacts seniors and reports to the Commission on Aging and the Administrator of the Division on the legislation. Provides professional assistance and staffing to the Commission on Aging Legislative Subcommittee. Produces a report for the public at the end of each legislative session on bills of interest to Nevada's senior citizens and persons with disabilities that passed and bills of interest that did not pass.
- Organizes committees and grass roots efforts to examine current laws and suggest revisions or changes to existing laws and to propose new legislation when necessary.
- Represents the interests of low-income, rural and minority older people at various committee meetings and task forces throughout the state.
- Provides information and advice to various groups concerning aging, elder abuse, elder rights, and laws affecting older persons.
- Provides technical advice and training to professionals within the Division and around the State on elder rights issues and laws.
- Issues administrative subpoenas to obtain medical and financial information that furthers abuse investigations.
- Becomes involved with guardianship issues and laws, especially the provision of guardianship services and legal services in the rural counties.
- Acts as temporary guardian of last resort in very specific circumstances.
- Is hearing officer for surety bond hearings and termination of services appeals involving residents of long-term care facilities.
- Participates in national conferences and forums and keeps the Division informed about trends and changes in the laws affecting older persons.

The legal services developer works independently and is allowed the autonomy to advocate on behalf of Nevada's older persons. The position is an unclassified, gubernatorial appointment for four years, working within ADSD and reporting to the Administrator. No legal services developer has failed to be re-appointed as a result of his or her advocacy.

## **2. State Funded Caregiver Training**

Families and informal caregivers are the major providers of long-term care in Nevada and across the nation. Research has shown that care giving exacts a heavy emotional, physical and financial

toll. Almost half of all caregivers are age 50 and older, making them more vulnerable to a decline in their own health; one-third describes their own health as fair to poor.

To help mitigate these issues, the Nevada Legislature, through the Nevada General Fund, provides \$45,002 to train both paid and unpaid caregivers with critical information to ensure that the rights and safety of frail seniors living in the community are maintained. Studies have shown that many services, including training of caregivers, can reduce their depression, anxiety, and stress and enable them to provide care longer, thereby avoiding or delaying the need for costly institutional care.

In an effort to support caregivers, ADSD funds Nevada Geriatric Education Center (NGEC) to provide training sessions, targeting healthcare professionals and community members. Trainings offered have addressed a variety of topics, such as: confidentiality, role of the Ombudsman in nursing homes, resident rights, guardianship issues and elder abuse reporting, and sexuality and aging.

### **3. Individuals with Disabilities Education Act (IDEA) Part C**

Nevada's IDEA Part C Program provides early intervention services to ameliorate developmental delays in newborns to age three, in keeping with 34 CFR Part 303, Part C of the Individuals with Disabilities Education Act (IDEA) Amendments of 2004, P.L. 108-446.

In 1984, an Executive Order was issued by then Governor Bob Miller to establish the former Nevada Department of Human Resources, now the Nevada Department of Health and Human Services (DHHS), as the lead agency responsible for establishing a Part C Office to ensure a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families. This includes facilitating the coordination of payment by Federal, State, local and private sources, enhancing Nevada's capacity to provide quality services and expand and improve existing services and enhancing the capacity of state and local agencies to identify, evaluate and meet the needs of historically underrepresented populations.

#### **The Part C Office is responsible for:**

- Submitting a yearly grant application to bring in the IDEA federal grant funds.
- Creating policies and procedures in compliance with Part C of the IDEA.
- Ensuring that the state designates an individual or entity responsible for assigning financial responsibility among appropriate agencies.
- Establishing the State's definition of "developmental delay."
- Developing a Central Directory of information.
- Establishing a public awareness program.
- Establishing a comprehensive Child Find System.
- Establishing Personnel Standards.
- Establishing a Procedural Safeguards System.
- Establishing a system for monitoring and supervising programs.
- Establishing a system for complaint resolution.



- Creating Interagency Agreements.
- Developing policy for contracting for services.
- Creating and manage a Data Collection System.
- Creating Policies and Procedures related to fiscal matters.
- Establishing an Interagency Coordinating Council.
- Submitting federal and state program and data reports.

### **Public Purpose and Critical Need**

The purpose of Part C, Infants and Toddlers with Disabilities lead agency is to enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay and to recognize the significant brain development that occurs during a child's first three years of life, in order to:

- reduce the educational costs to our society,
- maximize the potential for individuals with disabilities to live independently in society,
- enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities and
- enhance the capacity of state and local agencies and service providers to identify, evaluate and meets the needs of all children.

### **Subgrant for Early Intervention Services with Nevada State Health Division**

The ADSD, IDEA Part C Office subgrants funds to the Nevada State Health Division for the implementation of early intervention services to the eligible population as defined by Nevada's Part C Policy document in compliance with Part C of the IDEA. The Health Division provides services to eligible children statewide and includes a combination of state operated programs and community provider agreements.

### **Subgrant with University of Nevada to Provide Annual Family Survey**

The ADSD, IDEA Part C Offices also subgrants funds to the University of Nevada, Center for Excellence in Disabilities to survey families actively enrolled in early intervention services statewide. This survey collects data on family's satisfaction with early intervention services and in addition collects data that is reported to the US Department of Education as part of the Annual Performance Report.

### **Interagency Coordinating Council**

In compliance with Part C of the IDEA, the ADSD, IDEA Part C Office provides support to the Governor's appointed Interagency Coordinating Council. This Council provides advisement to the Department of Health and Human Services in relation to the provision of early intervention services in Nevada.

## **4. Emergency Preparedness Planning**

The Division has developed a fundamental Emergency Operations Plan (EOP) and is building on the initial structure over time. The plan applies to the Aging and Disability Services Division as

a whole, with certain localized sections specific to each of its four offices, as well as its grantees and constituency.

Its scope also encompasses ADSD's direct relationship with the federal Administration on Aging, the Nevada Department of Health and Human Services, the Nevada Division of Emergency Management and local county emergency managers. The plan addresses the full spectrum of potential threats, crises and emergencies.

With these factors at the forefront, ADSD is engaged in the Phases of Emergency Management in the following manner:

### **Phase 1 Mitigation**

Activities are long term measures, based on risk assessment, that either prevent the occurrence of an emergency or disaster, or reduce vulnerability in ways that minimize adverse effects of such an occurrence. Mitigation activities can be structural, such as the construction of flood levees, or non-structural, such as legislation and insurance.

The Division has identified the most likely disasters that may occur in Nevada and is addressing those in the EOP. In addition, each Division emergency preparedness exercise activity or actual emergency occurrence will be followed by an assessment of what worked and what did not work in the plan. EOP adjustments will be made accordingly. A critical Phase 1 activity is maintaining and updating the EOP.

### **Phase 2 Preparedness**

Activities, programs and systems are those that occur or exist prior to an emergency and are used to support and enhance response to an emergency or disaster. Planning, training and exercising the Emergency Operations Plan are among the activities conducted under this phase.

For the Aging and Disability Services Division, preparedness includes activities, such as:

- Training staff and conducting exercises in using the EOP, along with post training debriefing on any deficits identified in the EOP. Deficits will lead to revisions of the EOP to resolve identified problems.
- Conducting and updating an inventory of senior center resources, for information such as: available transportation vehicles; capacity-relevant square footage and floor plans, type of building construction – wood or brick; and capacity for meal preparation and service.
- Ensuring that ADSD and grantees' staff keeps contact information for clients current on the Division's Social Assistance Management System (SAMS).
- Provide information to local and state emergency managers regarding available ADSD assets and resources, including information regarding the location of frail seniors, which is captured in SAMS.
- Discussions with the ADSD Ombudsman for seniors in facilities, to ensure that in the event of an emergency these facilities have an emergency plan for the placement of seniors they house.
- Preparing and maintaining home phone lists of ADSD staff for senior staff.

- Developing and maintaining collaborative relationships with state and local emergency management.
- Participating in the Department of Health and Human Services' Emergency Management Work Group.
- Training staff and constituency in personal preparedness for emergencies, and to have personal preparedness plans.
- Fostering relationships statewide between senior center directors and local emergency managers for training in preparedness, identification of frail seniors needing assistance in an emergency, and for the purpose of adding inventory to available resources that may be needed in an emergency.
- Fostering relationships statewide between disability services grantees and local emergency managers for training in preparedness, identification of persons with disabilities who may need assistance in an emergency, and for the purpose of adding inventory to available resources that may be needed in an emergency.
- Developing and distributing disaster preparedness posters and brochures.
- Discussing the feasibility to implement a GPS coordinate system that can enable homebound meal drivers to plot coordinates where frail seniors live, in the event rescue is required by helicopter.

### **Phase 3 Response**

This phase involves the implementation of activities and protocols designed to address the immediate and short-term effects of the onset of an emergency or a disaster, to reduce casualties and damage, and to speed recovery. Response activities can include direction and control, warning, evacuation, sheltering in place, fulfilling the basic humanitarian needs of the affected population and other similar operations.

Phase 3 response to a disaster can involve local, state and federal agencies, and they respond in accordance with common protocols for emergency management nationwide. All disasters begin at the local level and are managed at the local level. In the event local emergency managers determine a need for state government assistance, they contact the Governor to request state resources.

In Nevada, the Governor will ask the Division of Emergency Management to activate the Emergency Operations Center in Carson City. In the event the state resources can't meet the need, the Governor can request assistance from the federal government. If the assistance is granted, the President designates the area as a Federally Designated Disaster Area and sends federal resources to assist. States must carefully track expenses related to the disaster, because the federal government may reimburse the state for its expenditures.

During an actual emergency:

- The identified authority will activate ADSD's EOP in accordance with the nature, scope and severity of the disaster incident.
- Division Administrator appointed staff will provide information and periodic updates to Region IX staff of the Administration on Aging. For example, AoA Region IX staff has requested the relay of periodic reports during any disaster that include the following

information. An AoA Report Form is located in Appendix E: Report Forms.

- Are elders affected, how, and how many?
- Has meal service been interrupted and what is being done to ensure meals are provided to seniors?
- What evacuations have occurred, i.e. nursing homes, private homes, etc.
- Have any fatalities occurred among elders? How many and what were the causes?
- Per the above questions, what is the status of Native American tribes and elders in the area?
- Staff with the Division of Emergency Management (DEM) will manage the desk of Emergency Service Function 6 (ESF6) at the State Emergency Operations Center (SEOC). DEM staff may call upon ADSD staff to provide back-up information, rather than onsite support. In this capacity, ADSD Administrator appointed staff will inform the DEM of available resources and provide available information regarding the location and functional needs of those who may need special attention.
- Keep detailed records of ADSD services and resources utilized in support of the emergency, for potential reimbursement by the Federal Emergency Management Agency, in the event the President declares the incident a disaster.

#### **Phase 4 Recovery**

Activities involve restoring systems to normal, once the immediate threat to life has subsided. Short-term recovery actions are taken to assess damage and return vital life-support systems to minimum operating standards; long-term actions may continue for many years. Debriefing occurs during this phase, to determine and identify any deficits in the EOP. Specific activities include:

- Assess resource needs of the Office and/or Division to achieve recovery, and estimate cost.
- Inventory supplies available and coordinate resource management.
- Provide public information to communicate recovery services as they are restored.